



21st Century Community Learning Centers Summer Learning Academy

(PROGRAM RUNS FROM June 23, 2014 - JULY 17, 2014)

WHEN COMPLETING FORM, PRINT LEGIBLY IN INK.

PLEASE CHOOSE A PROGRAM SITE

☐ Lafayette-Winona Middle School☐ Lake Taylor Middle School

PARTICIPANT INFORMATION

Last Name _____ First Name _____ M.I. _____

Date of Birth (MM/DD/YYYY) _____ Student ID # _____ Grade _____ ☐ Male ☐ Female Current ATB student: ☐ Yes ☐ NoEthnicity (Optional): ☐ Caucasian ☐ African American ☐ Asian ☐ Hispanic ☐ Native American ☐ Other
(Check all that apply)

Street Address: _____

(Must be same as address on file with Norfolk Public Schools) ¹

Apt. # _____

City _____ State _____ Zip Code _____ Home Phone Number _____

Mailing Address (if different from above) Include City, State and Zip Code: _____

Mailing address (must be same as address on file with Norfolk Public Schools) ¹

PARENT/GUARDIAN INFORMATION

(Will be contacted first in an emergency)

Primary Guardian Name _____ Work Phone () - () - _____ Cell Phone () - () - _____ Primary/Preferred E-mail Address _____

Secondary Guardian Name _____ Work Phone _____ Cell Phone _____ Primary/Preferred E-mail Address _____

The participant lives with: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Guardian
☐ Institutional - Child Care ☐ Other Relative ☐ Mother/Stepfather ☐ Father/Stepmother ☐ Foster CareIf legal parents are separated or divorced, who has legal custody?² ☐ Both ☐ Mother ☐ Father ☐ Other

EMERGENCY CONTACT INFORMATION

(Other than Primary and Secondary Guardians)

Emergency Contact #1 Name _____ Relationship to Participant _____ Phone Number () - () - _____ ☐ Home ☐ Cell ☐ WorkEmergency Contact #2 Name _____ Relationship to Participant _____ Phone Number () - () - _____ ☐ Home ☐ Cell ☐ Work

HEALTH AND MEDICAL INFORMATION

Please list any allergies,³ disabilities, medical/special conditions or fears that may affect the participant's stay during the program or while being transported home.

TRANSPORTATION INFORMATION

My child will (check all that apply): ☐ Ride the bus⁴ ☐ Walk home ☐ Be picked up by a car

List all persons who have permission to pick up your child from the program:

List all persons who **do not** have permission to pick up your child from the afterschool program:

1. Norfolk Public Schools (NPS) will not provide transportation unless the address provided on this application matches the participant's school.
2. Please provide a copy of the last report card.
3. Please attach any medical condition, disabilities or physical/emotional behavioral.
4. NPS provides transportation for participants who are enrolled students at the program site during the school day and are zoned for daily transportation.

For office use only:

Received _____

Processed _____

Accepted? ☐ Yes ☐ No

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AGREEMENTS, PERMISSIONS AND STATEMENTS OF UNDERSTANDING

Participant's Name: _____
(Last) (First)

Site: ☐ Lake Taylor Middle School ☐ Lafayette-Winona Middle School

PLEASE READ EACH SECTION CAREFULLY AND IN ITS ENTIRETY PRIOR TO INITIALING AND SIGNING IN INK.

[INITIAL] Statement of Understanding: As the parent/guardian of the above named participant, I am authorized to sign this form.

[INITIAL] Statement of Agreement: I hereby acknowledge, accept and agree to abide by all rules, regulations and policies.

[INITIAL] Acknowledgment of Risks/Medical Treatment Permission: In consideration of the above named participant's involvement in the activities provided by and through the City of Norfolk Department of Recreation, Parks and Open Space (RPOS), I authorize the City of Norfolk, its representatives and authorized individuals to take and provide all necessary medical attention should the participant be injured while being transported to or from and/or participating in any RPOS-sponsored activity. I release the City of Norfolk, its representatives and authorized individuals from liability in case of accident during program activities; also, I acknowledge and assume the risks and responsibilities involved in program activities. I assume these risks realizing the capabilities of the participant. I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

[INITIAL] Field Trip/Off-Site Activities Permission: I understand that the Summer Learning Academy program may include field trips and off-site educational activities and that I will be given prior notice of the dates and locations of these field trips and activities. I give permission for the above named student to be transported to and from and participate in all field trips and off-site activities during the course of the program. I agree to release the City of Norfolk Department of Parks, Recreation and Open Space (RPOS), its representatives and authorized individuals from any claim for personal injury or damages resulting from the above mentioned participant's involvement in these field trips and activities.

As I have indicated by my initials above, I am also indicating that I have read, understand and agree with the terms and conditions for participating in this program by affixing my signature below:

Parent/Guardian Printed Name

Parent/Guardian Signature

____/____/____
Date

Photo Permission Release Agreement: *OPTIONAL*. I understand that the participant named above may be photographed and/or videotaped while participating in the Summer Learning Academy Program and its activities at this facility and other off-site locations. I agree to allow the City of Norfolk Department of Recreation, Parks and Open Space to use said photographs and/or videotapes in Department/Organization publications, media campaigns, educational and/or safety purposes. I further waive any remuneration for publishing and/or printing such photographs. I understand that by affixing my signature on this form that I attest to having read, fully understand and agree to the conditions as set forth above.

Parent/Guardian Printed Name

Parent/Guardian Signature

____/____/____
Date